

Kentucky Quarter Horse Development Fund – Late Mare Registration Form

KENTUCKY QUARTER HORSE RACING ASSOCIATION

14892 N. U.S. Hwy. 25, Suite 6-Box 105

Corbin, Kentucky 40701

606-389-8540 · kyqhrafund@gmail.com

Shall Include the Following:

☐

A Copy of the Mare's Official Breed Registration Papers.

☐
\$200 Postmarked by July 1st during the foaling year (*Check or money order in U.S. Funds Only*).

EMBRYO TRANSFER? : ☐ **YES** *If "Yes," Shall Also Fill Out Back Page* ☐ **NO** *If "No," Fill Out This Page Only*

BROODMARE OR DONOR MARE: _____

REGISTRATION #: _____ **MICROCHIP #:** _____ **YOB:** _____

BRED TO: _____ **YOB:** _____

MARE WILL RESIDE AT: _____ **PHONE:** _____

FARM'S PHYSICAL ADDRESS: _____

(Physical Address Only | No PO Boxes)

CITY: _____ **ST:** _____ **ZIP:** _____

KY RESIDENCY: **FROM:** ____/____/____ **TO:** ____/____/____ **TOTAL DAYS:** _____ **(A)**
 (Minimum: 180 Days) (If not consecutive, please provide other date ranges)

NON-KY RESIDENCY: **FROM:** ____/____/____ **TO:** ____/____/____ **ST:** _____ **TOTAL DAYS:** _____ **(B)**
OWNER / NOMINATOR: _____

ADDRESS: _____

CITY: _____ **ST:** _____ **ZIP:** _____

PHONE: _____ **EMAIL:** _____

This registration is subject to all applicable statutes, regulations and rules, including KRS Chapter 230 and KAR Title 810. The regulation concerning the Kentucky Quarter Development Fund can be found at 810 KAR 7:070.

I certify that a mare, whether a broodmare, donor mare, or recipient mare, shall reside in Kentucky for a period no less than one hundred eighty (180) days during the year of conception or embryo transfer implantation.

I _____, affirm that the above statements are true and correct to the best of my knowledge and belief and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial and any and all other penalties available under the law. I understand that failure to meet any requirement contained in 810 KAR 7:080 may subject me to the penalties contained therein and other applicable penalties provided by Kentucky statute or regulation. I agree to promptly provide any additional information requested by the Kentucky Quarter Horse Racing Association relating to the registration. I certify that I will keep accurate and updated records on file for any transactions related to transportation and all invoicing related to a mare's residency so that I will have all documentation readily available to produce at the request of the Kentucky Quarter Horse Racing Association.

If submitted by an authorized agent, then the agent, as well as the mare owner, may be subject to all appropriate penalties. All filings are subject to audit by the commission.

QUALIFIED OWNER, LESSEE OR AUTHORIZED AGENT

(Clearly Print Name)

Signature / Date

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Fill Out Only in the Event of an Embryo Transfer

** A maximum of two (2) ET's, bred to a single stallion, may be done in a single breeding season as determined by the owner of the donor mare.

Must Include the Following:

- ☐ A stallion breeding report from the American Quarter Horse Association (AQHA).
- ☐ A copy of the contract between the owner of the donor mare and stallion owner limiting 2 embryo transfers per breeding season

Recipient Mare Information:

RECIPIENT MARE: _____ YOB: _____

RECIPIENT MARE MICROCHIP ID NUMBER: _____

BREED TYPE & IDENTIFYING MARKINGS: _____

MARE OWNED BY: _____

PHONE: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

(RECIPIENT MARE)

BOARDING FARM: _____

PHONE: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

(Physical Address Only | No PO Boxes)